

In brief

Digital mammography reduces patients' anxiety: A study from Brigham and Women's Hospital in Boston, Massachusetts, presented at a meeting of the American Roentgen Ray Society last week, shows that digital mammography reduced "call-back appointments," patients' anxiety, and cost. Among 6189 women having conventional mammography, 274 (4.4%) were called back for further examinations. Of 6792 women with digital mammograms, only 216 (3.2%) were called back.

Tobacco manufacturers to drop "light" and "mild": In an agreement with the Australian government's consumer regulator, British American Tobacco and Philip Morris will remove the "light" and "mild" descriptors from their products. Each company will also contribute \$A4m (£1.6m; \$3m; £2.4m) to fund an antismoking campaign.

Zimbabwe's health graduates face conscription: The Zimbabwean president, Robert Mugabe, is considering conscripting graduates into the civil service to stem the brain drain that has stripped the country of key skills since the political instability began five years ago. (*Times Higher Education Supplement* 2005 May 13:11). Health graduates are among the most likely to be affected as the country has an acute shortage of doctors.

Commission to monitor health inequalities: The Healthcare Commission, which monitors health services in England and Wales, is to check what is being done to reduce inequalities, whether as a result of age, sex, ethnicity, social class, disability, or geographical area. See www.healthcarecommission.org.uk.

Death rates fall: Age standardised death rates in 2004 in England and Wales have decreased since 2003 by 5.4% to 7576 deaths registered per million population for males and by 5.5% to 5279 deaths registered per million population for females, says the Office for National Statistics. See www.statistics.gov.uk.

Bill Gates says rich governments are failing the developing world

Paul Ress Geneva

Bill Gates, one of the world's leading industrialists, this week denounced the "tragic, incredible inequity between the health of the people in the developing world and the health of those in the rest of the world" in an address to the World Health Assembly in Geneva. The majority of his audience were the health ministers of the world's poorest countries.

Mr Gates, who created a \$200m (£110m; €160m) health foundation called "The Grand Challenges in Global Health" in 2003, told the World Health Organization's annual assembly that he would more than double its resources by immediately giving an additional \$250m—for a total of \$450m.

"In my view—and there is no diplomatic way to put this—the world is failing billions of people. Rich governments are not fighting some of the world's most deadly diseases because rich countries don't have them. The private sector is not devel-



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Bill Gates: an optimist despite everything

Describing himself nevertheless as "an optimist," the founder of Microsoft said "we are on the verge of taking historic steps to reduce disease in the developing world. I am convinced we will see more groundbreaking scientific advances for health in the developing world in the next 10 years than we have seen in the last 50."

Citing examples for his optimism, Mr Gates said, "We are seeing today a new, safe, cheap drug for visceral leishmaniasis, a disease that kills more than 250 000 people every year. We have seen a demonstration this past year that we have a single vaccine for pneumonia that could reduce all deaths in Africa by 15%.

"We see old malaria drugs make way for new, more effective drugs, including new drug combinations that are extremely effective with only three days' treatment.

"We have seen a malaria vaccine in trials last year that showed promise of preventing severe malaria in young children. This is the first solid scientific evidence that a malaria vaccine is possible."

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FDA needs more sophisticated approach to drug safety

Bryan Christie Edinburgh

A much more sophisticated approach is needed on drug safety if the recent debacle concerning rofecoxib (Vioxx) is not to be repeated. This is the view of one of the doctors who first raised fears about the cyclooxygenase-2 (COX 2) inhibitor.

Dr Garret FitzGerald, director of the Institute for Translational Medicine and Therapeutics at the University of Pennsylvania, told a conference in Edinburgh that the problems surrounding rofecoxib could well happen again in a different guise. He blamed the problem on the "absence of science" and the failure to act on emerging evidence of risk.

Rofecoxib was withdrawn by Merck in September when the company acknowledged that the

drug carried "serious cardiovascular risks" (*BMJ* 2004;329:816).

Dr FitzGerald told the conference, organised by the Royal College of Physicians of Edinburgh, that his team was reporting plausible biological evidence of a cardiovascular risk as early as 1998, at the time this group of drugs was being launched. Instead of acting on the concerns and conducting further studies, the drug companies sought to dismiss the research.

He called for more rigorous studies to be conducted into the safety of new medicines that would integrate the findings of biochemical, pharmacological, and epidemiological research to produce a much clearer picture of their safety profile. That, he said, was more important than introducing organisational changes, such as separating the licensing and drug safety functions of regulatory bodies such as the US Food and Drug Administration. "It is about raising the sophistication of people [charged] with drug safety rather than whether or not they

sit in different rooms," he said.

Dr FitzGerald was also critical of direct to consumer advertising in the United States, which resulted in millions of people abandoning more traditional non-steroidal anti-inflammatory drugs (NSAIDs) in favour of heavily marketed COX 2 inhibitors.

He said COX 2 inhibitors were originally designed for people with gastrointestinal intolerance but were then marketed to everyone. However, he said it would be difficult either to restrict or to police such advertising in the United States.

Clear lessons can be learned from this experience, and Dr FitzGerald is hopeful that improvements will follow. He said drug safety issues are now being given priority, and the rofecoxib experience may result in a move away from "blockbuster" drugs to a much more individual approach. "This is the first move towards individualised medicine. We have to get much more personal in defining benefit and defining risk," he said. □